

Facility Name: \_\_\_\_\_ Permit No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Supervising Pharm.: \_\_\_\_\_ Lic. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

[illegible]**FACILITY:**

**YES      NO**

## DOCUMENTATION

1. Required licenses properly displayed? \_\_\_\_\_

## **SAFEGUARDS AGAINST DIVERSION OF DRUGS:**

- |   |       |       |
|---|-------|-------|
| 2. Sound, microwave, photoelectric, ultrasonic, or other generally accepted device installed in each drug storage and manufacturing area? | _____ | _____ |
| a. Device maintained in operating order?  | _____ | _____ |
| b. Device protects immediate drug storage and manufacturing area.   | _____ | _____ |
| c. Device have auxiliary power source?  | _____ | _____ |
| d. Storage area for Schedule II through V drugs restricted to a limited number of designated employees?                                   | _____ | _____ |
| e. Reasonable measures taken to prevent pilfering of drugs from restricted area?  | _____ | _____ |

### DRUG INVENTORY AND RECORDS:

3. Schedule II through V drug records maintained at facility for two years? \_\_\_\_\_
4. Required inventories of Schedule II through V drugs:
  - a. Biennial inventory? \_\_\_\_\_
    - (1) Inventory date: \_\_\_\_\_
    - (2) Opening of business: \_\_\_\_\_
    - (3) Close of business: \_\_\_\_\_
    - (4) Inventory Signed \_\_\_\_\_  
name
5. Inventories and records of Schedule II drugs maintained separately from all other records? \_\_\_\_\_
6. Inventories and records of Schedule III through V drugs maintained separately or with records of Schedule VI drugs? \_\_\_\_\_
7. Schedule II through V records maintained at same location as stock of drug to which records pertain? \_\_\_\_\_
8. Receipt of Schedule II through V drugs dated with the actual date of receipt? \_\_\_\_\_
9. Schedule II distribution records maintained separately from other distribution records? \_\_\_\_\_

YES NO

DOCUMENTATION

**Drug Inventory and Records (cont.):**

- |   |       |       |
|---|-------|-------|
| 10. Schedule III through V distribution records maintained separately or filed with Schedule VI distribution records. | _____ | _____ |
| 11. Distribution records include:   |       |       |
| a. Date distributed?  | _____ | _____ |
| b. Name and address of person receiving drug?   | _____ | _____ |
| c. Name and strength of drug?   | _____ | _____ |
| d. Quantity distributed?  | _____ | _____ |
| e. Lot or control number?   | _____ | _____ |
| f. Description of Dosage Form   | _____ | _____ |

**BUILDING AND FACILITIES:**

- |   |       |       |
|---|-------|-------|
| 12. Building contain defined areas to prevent mix-ups?                              | _____ | _____ |
| 13. Defined areas include:  |       |       |
| a. Quarantine area?   | _____ | _____ |
| b. Storage area for rejected components?  | _____ | _____ |
| c. Storage area for released components?  | _____ | _____ |
| d. Packaging and labeling area?   | _____ | _____ |
| e. Control and laboratory area?   | _____ | _____ |
| f. Separate area for processing penicillin products?                                | _____ | _____ |
| 14. Facility maintained temperature maintained between 59-86°F? (Temperature _____) | _____ | _____ |
| 15. Washing and toilet facilities include:  |       |       |
| a. Hot and cold running water?  | _____ | _____ |
| b. Soap or detergent?   | _____ | _____ |
| c. Air devices or single-service towels?  | _____ | _____ |
| d. Toilet?  | _____ | _____ |

**SANITATION:**

- |  |       |       |
|--|-------|-------|
| 16. Facility clean and sanitary?                                     | _____ | _____ |
| 17. Written procedure for cleaning schedule?                         | _____ | _____ |
| 18. Written procedure for use of insecticides and sanitizing agents? | _____ | _____ |

**EQUIPMENT:**

- |   |       |       |
|---|-------|-------|
| 19. Equipment clean?  | _____ | _____ |
| 20. Written procedure for maintaining and cleaning equipment? | _____ | _____ |
| 21. Records maintained on cleaning and sanitizing equipment?  | _____ | _____ |

**DOCUMENTATION****CONTROL OF COMPONENTS, DRUG PRODUCTS, CONTAINER AND CLOSURES:**

- |  | YES   | NO    |
|--|-------|-------|
| 22. Written procedures describing receiving, identifying, storing, handling, sampling, and testing components? | _____ | _____ |
| 23. Components, drug containers, and closures stored under quarantine until tested and released?               | _____ | _____ |
| 24. Records maintained of testing components prior to use?   | _____ | _____ |
| 25. Rejected components identified and controlled under a quarantine system?                                   | _____ | _____ |

**PRODUCTION AND PROCESSING CONTROLS:**

- |  |       |       |
|--|-------|-------|
| 26. Written procedures to assure drug products' identity, strength, quality, and purity? | _____ | _____ |
| 27. Procedures include:  |       |       |
| a. Charge-in components?   | _____ | _____ |
| b. Calculations of yield?  | _____ | _____ |
| c. Equipment identification?   | _____ | _____ |
| d. Sampling and testing in-process materials and drug products?                          | _____ | _____ |
| e. Time limitations on productions?  | _____ | _____ |
| f. Control of contamination?   | _____ | _____ |
| g. Reprocessing and batching?  | _____ | _____ |

**PACKAGING AND LABELING CONTROL:**

- |   |       |       |
|---|-------|-------|
| 28. Written procedures describing receiving, identifying, storing, handling, sampling, testing, and approving labels? | _____ | _____ |
| 39. Procedures utilized to reconcile quantities of labels issued and used?  | _____ | _____ |
| 30. Excess labels bearing lot number destroyed?   | _____ | _____ |
| 31. Written procedures describing controls for issuing labels?  | _____ | _____ |
| 32. Written procedures to assure correct labels, labeling, and packaging are used?                                    | _____ | _____ |
| 33. Packaging and labeling products examined during finishing operations?   | _____ | _____ |
| 34. Samples collected at completion of finishing operation and visually examined?                                     | _____ | _____ |
| 35. Results of examination recorded?  | _____ | _____ |

	YES	NO	DOCUMENTATION
<b>LABORATORY CONTROLS:</b>			
36. Written procedures for sampling and testing?	_____	_____	
37. Procedures include:			
a. Determination for conformance for identity and strength of each active product?	_____	_____	
b. Testing, as necessary, of each batch for microorganisms?	_____	_____	
38. Written testing program to assess the stability of drug products?	_____	_____	
39. Representative reserve sample of each lot or batch of drug retained?	_____	_____	
40. Sample retained for one year after expiration date of last lot or batch?	_____	_____	
41. Sample retained in same container in which product is marketed?	_____	_____	
<b>RECORDS AND REPORTS:</b>			
42. Record maintained for equipment cleaning and use?	_____	_____	
43. Master production and control records maintained for each batch of drug product?	_____	_____	
a. Reproduction of master production or control record checked, dated, and signed?	_____	_____	
b. Documentation that each step in the process was accomplished?	_____	_____	
c. Records reviewed by quality control unit to determine compliance with written procedures?	_____	_____	
44. Laboratory records maintained on all tests to assure compliance with all written procedures?	_____	_____	
45. Complaint files maintained, which includes:			
a. Written procedures for handling written and oral complaints?	_____	_____	
b. Written record maintained in a file designated for drug product complaints?	_____	_____	
c. Record maintained for one year after expiration date of product or after the date the complaint was received?	_____	_____	
<b>GENERAL REMARKS:</b>			

General Remarks (Continued):

ACTION TAKEN:

- |           |                    |           |                  |
|-----------|--------------------|-----------|------------------|
| (1) _____ | New Inspection     | (4) _____ | Drug Destruction |
| (2) _____ | Routine Inspection | (5) _____ | Drug Audit       |
| (3) _____ | Reinspection       | (6) _____ | Other _____      |
|           |                    |           | (Specify)        |

ACKNOWLEDGEMENT:

This manufacturer has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.

_____ Inspector (Dept. of Health Professions)	_____ Person in Charge	
_____ Date	_____ Time of Exit	_____ Title of Authorized Individual

\*\*\*\*\*

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Violations this inspection: \_\_\_\_\_

Violations Previous Inspection: \_\_\_\_\_

Repeated Violations: \_\_\_\_\_